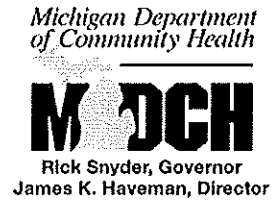
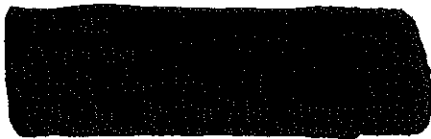


Michigan Department of Community Health
PO Box 30479
Lansing MI 48909-7979



June 27, 2013



Re: Patient Name :
Date of Birth :
Member ID :
Billing NPI Number :
Rendering NPI Number :
TCN :

As a result of our Predictive Modeling process outlined in bulletin number MSA 12-65; MDCH will perform a review of claim(s) for services provided to the above named patient.

This review is being conducted to verify the nature and extent of the services rendered for the patient's condition and that the claim is coded correctly for the services billed.

In order to properly process the pending claim, we need the following information related to the treatment of the above patient for date(s) of service 05/01/2013 to 05/01/2013.

- For Inpatient Hospital: Send Admit and Discharge Summaries only
- All other providers:
 - Complete office treatment record including consultation reports
 - Infusion flow sheets or medication administration logs, if applicable
 - Orders and results of diagnostic tests, including pathology, radiology and laboratory, if applicable
 - Complete medical records to include history and physical, consultation reports, operative reports, anesthesia, recovery room records, discharge summaries and prescriptions, if applicable

LEWIS CASS BUILDING - 320 SOUTH WALNUT STREET - LANSING, MICHIGAN 48933
www.michigan.gov/mdch - 1 (800) 292-2550



1511311010000001

Michigan Department of Community Health
PO Box 30479
Lansing MI 48909-7979

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

applicable

We must receive this information within 30 calendar days from the date of this letter. A determination will be made on your claim after all of the requested information is received. In the event we do not receive the requested information within state and federal guidelines, the claim will be denied.

Records can be submitted to MDCH in one of the following formats:

- Fax toll free to 855-248-2333 using the Predictive Modeling Cover sheet located on the MDCH web page for Medicaid providers.
- As an EZ Link attachment. The message subject line must contain code word MDCHPM followed by the TCN listed above.

If you have any questions regarding this request, you may contact MDCH Provider Inquiry via telephone at 800-292-2550.

Regards,

Michigan Department of Community Health
Medicaid Payments Division

